Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

09/700625

| CLAIMS AS FILED - PART! SMALL ENTITY OTHER THAN  |  |                                 |  |                          |              |                   |                      |                        |         |                            |                        |
|--|--|---------------------------------|--|--------------------------|--------------|-------------------|----------------------|------------------------|---------|----------------------------|------------------------|
| ļ  |  | CLAINS A                        |  |                          |              | mn 2)             | SMALL ENTITY TYPE [] |                        | OR      | OTHER THAN OR SMALL ENTITY |                        |
| TOTAL CLAIMS   |  |                                 |  |                          |              |                   | RATE                 | FEE                    |         | PATE                       | FEE                    |
| FOR  |  |                                 | NUMBER                                 | ILED                     | NUMBER EXTRA |                   | BASIC FEE            | 430                    | OR      | BASIC FEE                  |                        |
| ТС   | TAL CHARGEA                                    | BLE CLAIMS                      | 7/ minus 20= -5                        |                          |              | 5/                | X\$ 9≔               | N59                    | OR      | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |  |                                 | 6 minus $3 = -3$                       |                          |              | ?                 | X40=                 | 120                    | OR      | X80=                       |                        |
| MU   | ILTIPLE DEPEN                                  | DENT CLAIM P                    | RESENT                                 |                          |              |                   | +135=                |                        | OR      | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                                 |  |                          |              |                   | TOTAL                | 1009                   | OR      | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  |  |                                 |  |                          |              |                   | 011111               | - 1 1 2 2 2 7 3 7      | -<br>   | OTHER                      |                        |
| _  |  | (Column 1)                      | In the second                          | (Colum<br>HIGHE          |              | (Column 3)        | SMALL                |                        | OR      | SMALL                      |                        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT |  | NUME<br>PREVIO<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA  | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . !!                            | Minus                                  | **                       | ·            | =                 | X\$ 9=               |                        | OR      | X\$18=                     |                        |
| AME  | Independent                                    | *                               | Minus                                  |                          |              | <u> </u> =        | X40=                 | •                      | OR      | X80=                       |                        |
|  | FIRST PRESE                                    | NTATION OF M                    | ULTIPLE DEF                            | FNDENI                   | CLAIM        |                   | +135=                |                        | OR      | +270==                     |                        |
|  |  |                                 |  |                          |              |                   | TOTAL                |                        | OR      | TOTAL                      | <b></b>                |
| ADDIT. PEE ADDIT. PEE  |  |                                 |  |                          |              |                   |                      |                        |         |                            |                        |
|  |  | (Column 1)<br>CLÁIMS            | SeminerSeine                           | (Colum                   |              | (Column 3)        | -                    |                        |         |                            |                        |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT |  | NUME<br>PREVIO<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA  | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *                               | Minus                                  | **                       |              | =                 | X\$ 9=               |                        | OR      | X\$18=                     |                        |
|  | Independent                                    | •                               | Minus                                  | ***                      |              | =                 | X40=                 |                        | OR      | X80=                       |                        |
| L  | FIRST PRESE                                    | NTATION OF M                    | JLTIPLE DEF                            | PENDENT                  | CLAIM        |                   | +135=                |                        | OR      | +270=                      |                        |
|  |  |                                 |  |                          |              |                   |                      |                        | OR      | TOTAL<br>ADDIT FEE         |                        |
| (Column 1) (Column 2) (Column 3)   |  |                                 |  |                          |              |                   |                      |                        |         | ADDI: TEE                  |                        |
|  |  | CLAIMS                          | 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | HIGHE                    | ST           |                   |                      | ADDI-                  |         |                            | ADDI-                  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT |  | NUME<br>PREVIO<br>PAID F | USLY         | PRESENT<br>EXTRA  | RATE                 | TIONAL FEE             |         | RATE                       | TIONAL<br>FEE          |
|  | Total  | •                               | Minus                                  | **                       |              | =                 | X\$ 9=               |                        | OR      | X\$18=                     |                        |
| ME   | Independent                                    | *                               | Minus                                  | ***                      |              | =                 | X40=                 |                        | OR      | X80=                       |                        |
| الـُـــ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |  |                          |              |                   | -                    | ··.                    | Un      |                            |                        |
|  | If the entry in entry                          | mn 1 is loss than t             | ho anthrin actu                        | mn 2 write               | "0" in co    | dumo 3            | +135=                |                        | OR      | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |                                 |  |                          |              |                   |                      |                        |         |                            |                        |
| 1  | The "Highest Num                               | nber Previously Pa              | id For" (Total o                       | r Independe              | nt) is the   | e highest number: | found in the app     | oropriate bo           | x in co | lumn 1.                    |                        |